

# Adolescent Depression: Family Centered Nursing Care Approach

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## ABSTRACT

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Depression is one of the most leading threatening health issues that cause disabilities among adolescent. Depressive symptoms may cause exacerbating aggressive behaviors, depression, anxiety, social problems and traumatic stress symptoms and may affect the adolescent growth and development and may as well have transition to adulthood.

This final thesis aims to understand family centered nursing care approaches, in supporting adolescents with depression. The purpose was

to review the implementation of family centered nursing care in resolving problems about the health of adolescent with depression.

A total of 17 relevant articles were obtained from a reliable database search. Furthermore, inductive approach was used in the thesis

Based on the findings of this thesis, which was divided into six categories includes, Information sharing, Partnership and collaboration, Honoring differences and respect, Support and facilitating, Empowerment, and care in family context are the approaches use in supporting adolescent with depression.

The author of this thesis recommends for further research of family centered nursing care, in the context of assessing the need for support for an adolescent with depression and family.

Keywords: Depression, Adolescent, Family life, Family centered nursing care.

Lahden Ammattikorkeakoulu  
Hoitotyön koulutusohjelma

Irukwu , Kingsley : Nuorten masennus. Perhekeskeisyys hoitotyön  
lähestymistapana

Hoitotyön opinnäytetyö, 31 sivua, 13 liitesivua

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Tiivistelmä

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Masennus on yksi yleisimmistä terveysongelmista, joka aiheuttaa työkyvyttömyyttä nuorten keskuudessa. Masennuksen oireet voivat aiheuttaa kärjistynyttä aggressiivista käyttäytymistä, masennusta, ahdistusta, sosiaalisia ongelmia ja traumaattisen stressin oireita ja voi vaikuttaa nuoren kasvuun ja kehitykseen, sekä siirtyä aikuisikään asti.

Tämän opinnäytetyön tavoitteena on kertoa perhekeskeisen hoidon merkityksestä masentuneiden nuorten tukemisessa. Tarkoituksena oli arvioida perhekeskeisen hoidon käyttöä masentuneen nuoren terveysongelmien ratkaisemisessa.

Luotettavalla tietokanta haulla löydettiin yhteensä 17 relevanttia artikkelia. Opinnäytetyössä käytettiin induktiivista lähestymistapaa.

Tämän opinnäytetyön löytöjen perusteella masentuneiden nuorten tukemistavat jakautuvat kuuteen kategoriaan, jotka sisältävät, Tiedon jako, Kumppanuus ja yhteistyö, Erilaisuuden arvostaminen ja kunnioitus, Tukeminen ja helpottaminen, Voimaannuttaminen ja Hoito perheen kontekstissa.

Tämän opinnäytetyön kirjoittaja suosittelee tekemään lisää tutkimusta perhekeskeisestä hoitamisesta siitä näkökulmasta, että arvioidaan masentuneen nuoren ja perheen tuen tarpeita.

Avainsanat: Masennus, Nuori, ja perhe-elämä, Perhekeskeinen hoito

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## 1 INTRODUCTION

Depression is one of the most leading threatening health issues that cause disabilities among adolescent. Biological and social-contextual changes that accompany with period of development have been attributed to the rise in depression during adolescence. For example, to our knowledge, previous studies have found out that puberty changes, increased stress levels, enhanced social and self- awareness and maturation of the brain circuitry. (Stapinnski et al. 2013.)

Adolescence is a phase in a human lifetime, with many psychological and physical changes. Adolescence phase begins from age twelve to eighteen years. An adolescent need to be cared for and followed up by the family in this stage of development. With the many psychological and physical changes that occur during this phase, which may generate stress in many individuals. For example, most stressful life events in this phase include health threats, relationship challenges and loss. (stikkbroek et al.2016 & clates et al.2017.)

There is a need for concern, to study those psychological factors which have a detrimental effect on the adolescent development of an adolescent. Research has shown that the rates of depression in adolescents are associated with psychiatric co-morbidity, suicide, academic failure, a loss of interest or pressure in activities that once enjoyed, substance abuse, sad or anxious mood, feelings of Hopelessness, worldliness, helplessness, and severe depression during adulthood. (Shaheen 2016.)

According to Sijtsema et al. (2014) family and parenting style has an impact in adolescent life. Furthermore, when adolescent feel warmth and experience positive parenting practices in the family, is associated with fewer depressive and aggressive problems. In contrast, when adolescent

experience rejection in the family is associated with depressive and aggressive problems.

## 2 BACKGROUND

### 2.1 Adolescent Growth and Development

According to Bogin & Smith (2012) growth is being defined as the increase in the quality of size or mass, whereas development is the progressive changes in an individual, either qualitative or quantitative. Furthermore, In adolescent phase, the development phase lasts between five -ten Year years after the onset of puberty. Additionally, the attributes and characteristics that occur in the body of the adolescent includes sociosexual maturation, growth in the size of the weight and heights, and having interest to practice adult social, sexual and economic activities., the eruption of the permanent tooth almost complete at this stage.

In adolescent phase, one of the most leading threatening health issues that cause disabilities among adolescent is depression. Biological and social-contextual changes that accompany with period of development, have been attributed to the rise in depression during adolescence. For example, to our knowledge, previous studies have found out that puberty changes, increased stress levels, enhanced social and self awareness and maturation of the brain circuitry. (Stapinnski et al 2013.)

Furthermore, depression present in many ways which includes impaired relationship building and worsening performance at school, decrease self-esteem, reduced capacity of fun, irritability and low mood (Baker & Ellen Mills 2016,525). Additionally, adolescent depression symptoms include feelings of worthlessness and guilt, poor concentration, loss of temper and tears, changes in appetite and weight, and insomnia. Identifying the symptom of an adolescent with depression is important because the depressive episodes are likely to persist or recur in adulthood and is also associated with an increased risk of suicide and have a considerable impact on social functioning. (Bettge et al 2008.)

one of the major prevalent mental health problems among adolescents is increased depressive symptoms. Behavioral risk factors such as violence, smoking, alcohol and drug use, suicidal thoughts, engaging in a physical fight, consuming a high fat diet are often adopted in young adolescence. (Dayananda & Pillai 2014.)

## 2.2 Adolescent Subjective Wellbeing

Adolescent subjective well-being is based on evaluating the quality of life, both affectively and cognitively. The construct is ascertained by assessing the negative effect and positive effect, and life satisfaction. Negative and positive affect is based on the feelings experienced by the adolescent either in a negative or positive way. (Vera et al. 2012.)

Subjective well-being is significant in adolescent as it is in another phase of human development. An adolescent with a high level subjective well-being have been linked to benefits such as aspiration and academic achievement, school satisfaction, self-esteem, gratitude, life meaning and self-efficacy. In contrast, Low levels of Subjective well-being have been linked to the verities of problems such as violent behavior, depression, problematic internet use, sexual taking risk behavior and suicide. (Yap & Baharudin 2015.)

Furthermore, Lemma et al. (2014), school relationship also seems to relate to the health status of adolescents. When adolescents perceived the school environment as positive, it relates to lower levels of health complaints and stress, including a lower propensity to adopt unhealthy habits.



According to Navarro et al. (2017), when examining adolescent subjective well-being, the following should be considered; (i) objective measure of the adolescent wellbeing and the living condition of the adolescent; (ii) The perceptions, evaluation, and aspiration regarding adolescent lives, including adolescent subjective wellbeing (SWB); and (iii) the evaluation, perception and aspiration, including other related social agents (teachers and parents, among others) regarding the adolescent lives and conditions.

### 2.3 Adolescents in a Multicultural Context

According to Manning, et al. (2017), culture is the social behavior of what people value, religion, language, artistic expression, ideas, ways of perceiving, interpersonal relationship, behavior and the way they think. For example, the way adolescents feel, behave and respond reflects their cultural background. Navarro et al. (2017), adolescent cultural background often influences the parenting styles, most especially the discipline aspect.

Furthermore, Capito et al. (2014), an adolescent who feels they have high levels of familial, cultural values tend to have strong family relationships with their family member. Additionally, they have good communication and relationship with their parents. Moreover, adolescent that have a high familial value, may have a lower adolescent parents' conflict, this is because their parent's values are more consistent with theirs.

Achenbach & Rescorla (2007), understanding multicultural context helps professionals improve the way of taking care of adolescent from different background, and identifying the differences and similarities among different culture, help to solve problem when it arises. Tartakovsky (2008), adolescent culture identity is significant because understanding the cultural identity of an individual help determines the cultural background.

## 2.4 Family Centered Care

Family centered care is a philosophy that believes that the family is constant in the lives of their children and that they are most experienced in taking care of the needs of their children and the professionals only act at specific time. Furthermore, the Family centered care process resolves around that children and families form an indivisible unit where by family plays a significant role in ensuring the well-being of their children. (Sellän et al, 2017.)

Additionally, it is an important motive for parents of adolescent to give emotional support for them, driving their decision to stay with them, including providing care related to activities of daily living and to take part in the care plan. However, parents are less eager to take part in the technical aspect of care which includes changing dressings and giving medication. (Romaniuk et al, 2014.) Furthermore, Shields (2007) reveal that the role of the parents or family members is to make sure adolescent's daily activities are being taken care of, while the role of the nurse is to support, teach, if needed refer the parents and the adolescent to other health professionals

Moreover, Sellän et al. (2017), reveal that family centered care movement arose when it was acknowledged that the separation of children from their parents when they are being treated by the professionals causes substantial harm to their children. Based on that, the following approaches were adopted by (FCC), which includes the following

Respect and listen to each child and family, considering cultural, ethnic and social differences,

Ensure that, in health settings, flexible policies, practices and procedures can be adapted to the needs, values and beliefs of each child and family.

Information sharing should be complete, honest and impartial way to allow facilitates decision-making by the families.

Recognize the strengths of families and the children and enable them to discover their own strengths. Collaborate with the families at all levels of health care

### 3 THE AIM AND THE PURPOSE OF THE THESIS

The purpose was to review the implementation of family centered nursing care in resolving problems about the health of adolescent with depression. The thesis aims to understand the approach of family centered nursing care in supporting adolescents with depression. The study in question is:

What approach family centered nursing care use in supporting adolescents with depression?

## 4 DATA COLLECTION AND DATA ANALYSIS METHODS

### 4.1 Data collection method

The research method used in this final thesis is a descriptive literature review. A literature review is a recap of other studies. Additionally, it is a critical appraisal of other studies on a given topic and it helps to put the topic in context. (Aveyard 2010, 6). It provides a critical topic of discussion of interest, while pointing out the inconsistencies and similarities in existing relevant literature. (Onwuegbuzie 2016.).

Furthermore, the main purpose of this thesis is to acquire new knowledge from a body of research and improve the understanding of the reader, update the readers with a brief comprehensive scope with the current literatures on a topic. (Aveyard 2010, 6).

Literature review is vital in healthcare because it critically analyzes other literatures and provides a summary and findings from already existing scientific knowledge. This informs the healthcare professionals of the recent development and information about practice of any topic available. (Aveyard 2010, 6.)

### 4.2 Data search

The search database of this final thesis was collected by using the cumulative index to nursing and allied health literature (CINAHL), Helka and

manual search through the reference list. The search engine CINAHL was used as it is a reliable research tool that covers international topics in nursing, medicine, general health and more. The search engine Helka comprises of library collection and article search. The library collection enables user to search for printed and electronic books, database and journals acquired for the university, while the article search engine enables user to find international articles.

Data was based on recent information and 17 relevant articles was searched by using search term: Adolescent\*, Adolescent subjective well-being AND family Life\*, depression\*, Family Centered nursing care\*, cultural context and Family nursing \*. Additionally, the number of hits and the relevant articles review were being summarized in Table 1(Appendix 1). Criteria for this final thesis; materials and articles published between 2007 and 2017 in English language were included. In this final thesis, articles used were based on the following criteria, the titles of the article and the abstract were read to see if they are reliable and fit to be included in the research. Furthermore, decisions were made, and relevant articles were reviewed and included in the final thesis.

#### 4.3 Data analysis

Data analysis aimed at interpretation philosophy. The concept is to investigate the meaningful and symbolic content of the qualitative data (Polit & Beck 2010, 463) Analyzing data and interpreting its meaning, content analysis is often used. Content analysis represents a systematic and

objective means in explaining and quantifying phenomena. (Kyngäs et al 2014, 1& Kyngäs & Elo 2007, 108.)

Content Analysis exist in two forms: either inductive or deductive. Deductive or inductive content analysis consists of three main phases: This includes preparation, organization and reporting of the available results. The purpose of the research often decides which form can be used in the processing data. (Elo et al 2014.)

Inductive content analysis is recommended if the knowledge of the study is fragmented or if the researcher does not have enough former knowledge about the phenomenon. In contrast, Deductive content analysis is recommended when the structure of study is operationalized based on previous knowledge and then testing the hypotheses that arise from those concepts. (Kyngäs & Elo 2007.) In this final thesis, inductive approach has been applied.

In this final thesis, each of the relevant articles was carefully read multiple times, and the group of words and phrases that is significant to the study question were being identified and studied; This information is being referred to as coding. The codes were scrutinized and compared and were put into subcategories. Additionally, the subcategories were later put together to form main categories. The main categories of this final thesis answer the research question. What approach family centered nursing care used in supporting adolescent with depression?

## 5 FINDINGS

The purpose of this final thesis is to review the implementation of family centered nursing care in resolving problems about the health of adolescent with depression. The study question is, what are the approach family centered nursing care used in supporting adolescent with depression? The findings obtained from articles reviewed, answer the questions and were divided into six categories. Which Includes, Information sharing, Partnership and collaboration, Honoring differences and respect, support and facilitating, empowerment, and care in the family context.

### 5.1 Information Sharing

Parents of an adolescent with depression need information about their child's condition, treatment plan, prognosis, and tests. The reason is that they are not professionals to be able to acquire and get information and achieve control over situation that produce uncertainty. Furthermore, parents in health care settings experience four challenges: (i) indecision (ii) seeking help from healthcare providers (iii) facing restriction, and (iv) trying to understand the situation. For the parents being provided with the information about the adolescent, and for the parents to get the appropriate support successfully help to resolve the challenges and, therefore, the adolescent will be able to fulfill their multiple roles within the family and will be provided with the appropriate support needed. (Snjari et al. 2009.)

The adolescent lack knowledge to know the difference between depression and ordinary sadness or other behavioral problems. Therefore, to properly assess depression in adolescent, the nurse considers the gender, age, development levels, examine them carefully with the development of the symptoms and consider the impact it had on the adolescent. Additionally, the adolescent's male is unlikely to report incidents of depression than their



female counterpart because they don't want to appear childish. (Pruitt 2007.) It is difficult for everyone to differentiate between depression from normal sadness, even though they have experienced depression in their lifetime. Therefore, they may have some limitation in their knowledge to be able to recognize depression. To properly assess and recognized depression in adolescent, the health professionals assess the clinical features and their effect on function and behavior. (Haddad & Tylee 2013.)

An adolescent express and experience depression differently than do adults. As a matter of fact, independent of the ethnic background. An adolescent with depression presents with the symptom characteristics of adult-on self-depression, unexplained aches and pain, angry moods or higher, withdrawal from some but not all people. However, it is important to be aware of the cultural sensitivities that would be unique to the families throughout the process of addressing the issues of the depressed adolescent. For example, in a Chinese family's there is a strong emphasis placed on expertise and achievement, the reason is that academic achievement is vital to the family future well-being. Therefore, an adolescent may face pressure to succeed and these may result in major depressive symptoms such as a higher level of stress, aggression and somatic complaint. (Hsieh & Bean 2014.)

## 5.2 Partnership and Collaboration

Lack of information and professional skill would be inappropriate to make an ideal decision and the adequate methods of care. Therefore, the health care provider ensures, to assist the parent and an adolescent during the health supervision visit to discuss issues pertaining the well-being and health of the adolescent. This will have increased family satisfaction with care, more adequate use of health care resources and improved decision-making. (Kuo et al. 2011.)

Furthermore, Nurse encourages the involvement of the patient and the family in decision-making. The health care provider ensures that the decisions will build the strength, the values of the adolescent and the abilities of all involves. (Al-Momani 2011.) Through partnership and collaboration, appropriate treatment decision regarding the family and the adolescent that are the best suitable for their needs, values, strengths, and ability of everyone involved are made together. Additionally, families are allowing choosing which role they can play in the decision making. (Kuo et al. 2011.)

### 5.3 Honoring Differences & Respect

Adolescent and parent adjustment to hospital environment and effective communication between the nurse and the family, help in building the strengths and boost the confidence and competence of the parent to be able to take care of their sick child. Furthermore, mutual understanding between the families and the nurses both parties will work based on the personalized and information of the adolescent related to care. Therefore, this will lead to more effectiveness of the resources of the health care. (Al- Mormani 2011.)

Parental support is a psychological need that is positively related to the adjustment of the mental health of the adolescent. Additionally, when adolescents perceived Caring, parental attitudes and warm, it supports their well-being. However, the study does not reveal whether lack of caring and support from either the father or mother will cause a negative effect on their well-being. The study further showed adolescent related to their parent and being autonomous seemed to make them adjust easily and have more choice to pursue their interest. (Kocayörük et al. 2014.)

Furthermore, religion also contributes to the well-being of the adolescent and it is associated with psychological functioning and self-esteem of the adolescent. Additionally, through the process of abiding to the doctrines and practices of a given religion, adolescent tend not to engage themselves with behavioral activities such as risky sexual behaviors, smoking, alcohol and drug abuse and a sedentary lifestyle. Therefore, this will do well to the adolescent based on the negative situation caused by such behavioral activities. (Abdel-Khalek et al. 2011.) Social-cognition approaches and orientations to religions contribute significant to well-being outcomes. However, religious involvement has no impact on the well-being of the adolescent. (Abdel-Khalek 2012.)

#### 5.4 Support and Facilitating

An adolescent with depression can have a traumatic effect on the family members. The nurse needs to work and develop a care plan with the parents of the adolescent because the parents are expert in taking care of their children and they know more information to explain about the illness and the lives of their children. The Family needs support because they are the main source, in providing stability during the traumatic period in the life of the adolescent. During the health-related procedure the presence of the family can be helpful in reducing both the adolescent and the parents' suffering. (Okunola et al. 2017.)

Family centered nursing care support the adolescent and the family members in providing useful information, emotional support, guidance to the parent on how to care for themselves and their children, financial help, Support about the education situation of the adolescent and other special needs related to the adolescent health needs. This will help the adolescent to cope and live a normal life as they transit to adulthood. (Jamieson et al. 2011.)

Family centered nursing care support in managing the internal and external resources of the family members of the adolescent. The internal resources of the family include the physical and mental health status of the family members, most especially the parent's, additionally, the self-esteem, knowledge, problem-solving abilities and skills. On the other hand, the external resources include the cognitive, emotional, concrete and mental support. The family nursing care ensures that there is a mutual relationship between the nurse and the family. Furthermore, while discussing issues about the adolescent, the nurse ensures to respect and take the adolescent and family members seriously, Therefore, based on the discussion with the family, the nurse identify the problem, give feedback to the family and provides possible solutions that with help the family. (Häggman et al. 2010.)

## 5.5 Empowerment

Nurses in the health care settings spend more time with the sick adolescent than any caregiver in the healthcare team, and they understand the family strengths and capabilities. Therefore, the nurses make sure parents are being empowered to take decisions about their child care. Furthermore, adolescent is provided with the best care during their stays in the hospital and after discharge. (Al- Momani 2011.)

An adolescent with depression, may be triggered or the underlying problem the adolescent with depression is facing. For example, an obese adolescent may experience physical and psychological distress, and there is a tendency to have poor self-esteem, due to the body image dissatisfaction, if not well addressed it may tend to persist into adulthood. The family centered nursing care play an important role in empowering the adolescent

to live a healthy lifestyle and supporting them in building confidence and self-esteem and this can be achieved when the nurse spends time in assessing and knowing the depressed adolescent capacity, skills, daily activities about the adolescent that will be necessary to manage the alarming health issues of the adolescent (Avery et al. 2012.)

Tedford & price (2011) Nurses involving parents through information giving and education help to combat anxiety and stress experienced and allow the parent to take decisions about their child care. Furthermore, parental involvement and be cared for, promotes a greater sense of parental control. Empowering the parents is important because parents are closer to their child, and they will be in the best place to promote and support their child with conditions towards optimal outcomes. Furthermore, parental involvement in the life of an adolescent is being linked to the academic performance. (Jamieson et al. 2011.)

## 5.6 Care in the family context

Family centered nursing care help in providing harmony and satisfaction within the family. It encourages the spirit of partnership and collaboration between families. (Al- Momani 2011). Additionally, not having permissive and warmth, atmosphere, lack of communication, lack of possible support, discord in th family and family instability, lack of parental support and conflict and so on, are linked with the ill-health of the behavior of the adolescent development. Furthermore, it may cause harm to the adolescent and leads to depressive symptoms that may cause anxiety, aggressiveness, depression and social problems that affects the adolescent growth to adulthood. (Lepistö et al. 2012.)

Having Harmony and stability within the family improves the functioning of adolescent life, and it will affect the life of adolescent positively and is being linked to safe family stability and feeling togetherness. Family centered nursing care ensure that issues about the relationship in the family, communication and stability within the family are being addressed properly. (Kocayörük et al. 2014.)

Furthermore, parenting efficacy is important for the adjustment of adolescent social emotion, and it has a tremendous effect in the different aspect of parenting. For example, discipline style and interactive behavior. Adolescent parent with inadequate parenting efficacy, may result in an adverse psychological outcome in the life of the adolescent. The family centered nursing care ensures to discuss issues about lack of caring and support from parents and lack of parenting attitude and warmth that will affect the well-being of the adolescent. (Angle et al. 2014& Kocayörük et al. 2014.)



## 6 DISSCUSSION

### 6.1 Disscussion of the findings

The final thesis aims to describe what are family centered nursing care approaches in supporting adolescent with depression. Through a review of the articles above stressed, family centered nursing care has a unique position to play in supporting adolescent with depression.

Findings of this thesis shows that there is need to detect the prognosis and conditions of the depressed adolescent to provide appropriate support (Snjari et al. 2009). Based on the findings, it is vital to be aware of information about the prognosis and the conditions of the adolescent and it help to decide the patient information needs, and the nurse role is to give proper treatment options for the adolescent with depression.

Partnership and collaboration are among the approach used by family centered nursing care to support adolescent with depression in this study. These findings, in agreement with previous findings. The study shows that through partnership and collaboration with proper treatment decision about the family and the adolescent that are best suitable for the needs, values, strengths, and the ability of everyone involves are made together. (Kuo et al. 2011).

Parental support is a psychological need that is positively related to the adjustment of the mental health of the adolescent. Additionally, when adolescents perceived Caring, parental warm, it supports their wellbeing. (Kocayörük et al. 2014.) Based on the findings, A nurse role is to discuss with the parent or family of the adolescent and try to discuss the issues of parenting styles and make sure it supports the healthy growth and well-being of the adolescent.



Religion contributes to the well-being of the adolescent and it is associated with psychological functioning and self-esteem of an adolescent. Abdel - khalek et al. (2011) support this by emphasizing in their studies that an adolescent abiding to a religions doctrines and practices tend not to engage in activities that will cause harm and is positively related to the wide variety of adolescent outcomes.

Family or parent of adolescent need support because they are the main source in providing stability during the traumatic period in the life of the adolescent. Okunnola et al. (2017), support this by emphasizing that during health-related procedure the presence of the family can be of helpful in reducing their children suffering. Furthermore, the nurse role is ensuring the internal and external resources of the family is addressed, which includes the physical and mental status of the family.

Parental involvement and be cared for, promotes a greater sense of parental control (Tedford & Price 2011). Based on the findings, a nurse role is to empower the parents of the adolescent because it is said that parents are in the best place to support their child towards optimal outcomes. Discussing and empowering adolescent in building confidence and self-esteem is required as well.

Family stability, feeling togetherness and effective communication within the family improves the functioning of adolescent life (Kocayörük et al. 2014). Based on the findings, the nurse should make sure that issues about communication, stability and feeling togetherness within the family should be addressed properly. Additionally, family togetherness is important because it supports the mental health of the adolescent and the parents.

## 6.2 Ethical consideration

Ethics is essential in nursing education and practice, and it shares many principles with Medical ethics, which includes respect, autonomy, non-maleficence. Ethical considerations in nursing practices are demanding, because it helps to prevent against falsification or fabrication of data and thus, promote the truth and knowledge which is the fundamental goal of nursing. Furthermore, research ethics are essential in nursing education, research practices and the development of evidence. It is important that researcher develop an understanding and have good knowledge of research ethics when carrying out a research. (Doody & Noonan 2016.)

According to (Finnish Advisory Board on Research Integrity 2014), when carrying out a research, the authorship of earlier writers must be acknowledged and rightfully citing the references, quotations, and paraphrasing of their research work. Furthermore, it is important that scientific practices, for examples honesty, integrity and accuracy, openness integral to scientific knowledge in the collection of data, analysing and presenting of findings must be upheld to.

Additionally, in this final thesis, articles used were carefully selected and read to make sure they are the best once that fits in this final thesis, all the Sources and the findings in this final thesis were described correctly, accurately, and clearly in a scientific way. Moreover, the articles used in this thesis were rightfully listed in the correct order and the author makes sure plagiarism was avoided by citing all the references used during this final thesis.

### 6.3 Validity of the thesis

In this final thesis, the author addresses the issues of validity by its analysis and critically appraised the data in the literature review. Research can be valid when the sources used are accepted in the research institutions. Additionally, the place of learning, such as, the universities, and the source of the research materials can guarantee the validity of the resource material. The material can be in a book or electronic form, accepted research journal on paper. Furthermore, the research material must have the details of the publication names and the author name(s) and the research must be accepted in the educational institutions. Validity emphasizes the degree to which the idea is accurately measured in a quantitative research. (Haale & Twycross 2015.) According to John Dudovskiy (2017), measures to guarantee the validity of a research are as follow, but not limited to, the following point: The proper time scale of the researcher must be selected, and the methodology of the research chosen must be appropriate, and the research characteristics must be considered.

The validity of this thesis reinforced the articles used, and are accepted in research, educational institution and were sourced from databases that are reliable which includes CINAHL: cumulative index to nursing and allied health literature, Helka and manual search through the reference list. The peer reviewed articles that were used in this final thesis were between (2007- 2017) 10 years. Additionally, the articles were in English language and only relevant articles were selected.

### 6.4 The Limitation of the thesis

The final thesis has some limitation. Most of the articles that were used in the findings of this final thesis, does not focus or emphasize more on depression, but rather than the underlying factors that causes depression. For examples, patient with obesity, patient with cancer, patient with

disability, family violence, parenting styles. In addition, a few articles used in this final thesis, the age limitation is not between age 12-18, most articles focus on adults. For examples, some of the articles focus on mothers in health care settings and parent competence.

## 7 CONCLUSION AND RECOMMENDATION

The final thesis focuses on the approaches of family centered nursing care in supporting adolescent with depression and the nursing interventions.

In making decision about the illness the adolescent is suffering from, information and professional skills are proper to make adequate methods of care. Furthermore, appropriate treatment decisions regarding the family and the adolescent are the best suitable for their needs, values, strengths, and ability of everyone involved are made together.

Effective communication between the nurse and the parent help in building the strengths and boost the confidence and competence of the parent to be able to take care of their sick child. Furthermore, parental support is a psychological need that is positively related to the adjustment of the mental health of the adolescent.

Focusing on supporting the adolescent with depression, the family also needs support. This is because they are the main source in providing stability during the traumatic period in the life of the adolescent.

In empowering the adolescent with depression, the nurse role is to help in building the confidence and self-esteem of the depressed adolescent's capacity, skills, and daily activities about the adolescent that will be necessary to manage the alarming health issues of the adolescent. The parent of the adolescent with depression also needs to be empowered because the parents are closer to them, and they will be in the best place to promote and support their child with conditions, towards optimal outcomes.

Family stability, feeling togetherness and effective communication within the family improves the functioning of the adolescent life, and it will affect the life of the adolescent positively and is linked to safe family stability, functioning communication and feeling togetherness.

Finally, the findings of this thesis show the approach of family centered nursing care in supporting adolescent with depression and the implementation of actions that will seek in promoting their well-being and improves their functioning, live a happy life in transition to adulthood. All things considered, the author of this thesis recommends further research of family centered nursing care in the context of assessing the need for support for adolescent with depression and family members.

## References

- \*Abdel-Khalek, A. Eid, G. (2011). Religiosity and its Association with Subjective Wellbeing and Depression among Kuwait and Palestinian Muslim Children and Adolescent. *Mental health, religion & culture*, Vol 14, Iss 2, pp 117-127
- \*Abdel-Khalek, A. (2012). Subjective Well-being and Religiosity: a cross-sectional study with adolescent, young and middle-aged adult. *Mental Health, religion & culture*, Vol 15, Iss 1, pp 39-52
- Achenbach & Rescorla (2007) *Multicultural Understanding of child and adolescent psychopathology. Implication for Mental Health Assessment*
- \*Al-Momani, M.M. (2011). Mothers' Satisfaction Towards Pediatric Nursing Care: Family Centered Care Initiative. *Middle East Journal of Nursing*
- \*Angley, M. Divney, A. Magriples, U. (2014) Social Support, Family Functioning and Parenting Competence in Adolescent Parents. *Mentor child health*. Vol 19, pp 67-73
- \*Avery, A. Pallister, C. Allan, J. Stubbs, J & Lavin, J. (2012). An Initial Evaluation of a Family -Based Approach to Weight Management Group. *Journal of Human Nutrition and Dietetics*, Vol 25, Iss 5, pp 469-472
- Aveyard, H. (2010) *Doing a Literature Review in Health and Social Care: A Practical Guide*. 2nd edition. New York
- Baker.L. & Ellen Mills, S. (2016). Childhood Depression. Vol 9, Iss 9, pp 524-530

Bogin, B. Smith, H, Evolution of the Human Life Cycle (2012) Human Biology: An evolutionary and Biocultural perspective. Second Edition.

Bettge.S, Wille, N. Barkmann, C. Schulte-Markwort, M. Ravens-Sieberger & Bella. (2008). Depression Symptoms of Children and Adolescent in a Germany Representative Sample: Results of the Bella Study. Child Adolescent Psychiatry. Vol 17, Iss 1, pp 71-81

Clates, D. Freitas, F. Ilha, S, Zamberlan, C. Caceres, F. & Pereir, F (2017) Adolescent Experience in an Institutional Shelter Unit. Journal of Nursing, Vol 11, Iss 6 pp 1981- 8963

Cupito, A, Stein, G, Gonzalez, L 2014. Familial cultural values, gender, and psychological and academic risk and resilience. Journal of Child and Family Studies

Dayananda B C, & Meera, P. (2014). Health Risk Behaviour and Depression among Adolescents. International Journal of Nursing Education., Vol 6, Iss 1, pp 122-126

Doody, O. & Noonan, M. 2016. Nursing research ethics, guidance and application in practice. British Journal of Nursing, Vol 25, Iss 14

Dudovskiy, J. 2017. Reliability and Validity (Access 25.2.18)  
Available: <https://research-methodology.net/about-us/ebook/>

Elo,S.Kääriäinen,M, Kanste,O. Pölkki, T. Utriainen, K and Kyngäs, H. (2014). Qualitative content analysis: A focus of trustworthiness. Vol 4, Iss 1, pp 1-10



Elo, S. and kyngäs, H. (2007) The qualitative content analysis process. Journal of advanced nursing, Vol 62, Iss 1, pp 107-115

\*Haddad, M. & Tylee, A. (2013). The development and first use of the QUEST measures to evaluate school nurses' knowledge and skills for depression recognition and management. Journal of School Health, Vol 83, Iss 1, pp. 36-44.

Heale, R. Twycross, A. (2015) Validity and Reliability in qualitative Studies. National Institute of Health. Vol 18, Iss 3, pp 66- 67

\*Hsieh, A & Bean, R. (2014) Understanding Familial/Cultural Factors in Adolescent Depression: A Culturally-Competent Treatment for Working with Chinese American Families. American Journal of Family Therapy Vol 42, Iss 5 pp 395- 412

\*Häggman-Laitila, A. Tanninen, H & Pietilä, A. (2010). Effectiveness of Resource Enhancing Family-Oriented Intervention. Journal of clinical nursing, Vol 19 Iss,17/18, pp 2500-2505

\*Jamieson, J. Zaidman-Zait, A. & Poon, B. (2011). Family Support Needs as Perceived by Parents of Preadolescents and Adolescents who are Deaf or Hard of Hearing. Deafness and Educational International, Vol 13, Iss 3, pp 110-130

\*Kocayörük, E. Altintas, M. Icbay. M (2014) The Perceived Parental Support Autonomous -Self and Well-Being of Adolescent: A Cluster - Analysis Approach Vol 24, Iss 6, pp 1819-1828

\*Kuo, D. Frick, K. & Minkovitz, C. (2011). Association of Family-Centered Care with Improved Anticipatory Guidance Delivery and Reduced Unmet Needs in Child Health Care. *Matern Child Health*, Vol 15, Iss 8 pp 1228-1237

\*Kuo, D. Houtrow, A. Arango, P. Kuhthau, & K. Simmons, J (2011) Family-Centered Care: Current Application and Future Directions in Pediatric Care, *Matern Child Health*, Vol 16, Iss 2, pp 297-305

Lemma, P. Borraccino, A. Berchialla, P. Dalmasso, P. Charrier, L. Vieno, A. Lzzeri, G, & Cavallo, F. (2014). Well-Being in 15-years old Adolescents: A Matter of Relationship with School. *Journal of Public Health*, Vol 37, Iss 4, pp 573-580

\*Lepistö, S. Joronen, K. Ästedt- Kurki, P. Luukkaala T.& Paavilainen, Eija. (2012). Subjective Well-Being in Finnish Adolescent Experiencing Family Violence. *Journal of Family Nursing*, Vol 18 Iss 2 pp 200-233

Manning, m. Baruth, L and Lee, G. *Multicultural Education of Children and Adolescent*. Six Edition

Navarro, D. Montserrat, C, Malo, S, González, M, Casas, F and Crous.G 2017. Subjective well-being: what do adolescents say? *Child and Family Social Work*. Vol 22, Iss 1, pp 175-184

\*Okunola, I. Olaogun. A. Adereti, S. Bankole, A, Oyibocha, E, and Ajao, O. (2017) Pediatric Parents and Nurse Perception of Family – Centered Nursing Care in Southwest Nigeria. *International Journal of Caring Sciences*. Vol 10, Iss 1, pp 65-67

Onwuegbuzie, A. (2016) Seven steps to a Comprehensive Literature Review. A Multimodel & Cultural Approach.

Polit, D. and Beck, C. (2010) Nursing Research: Appraising Evidence for Nursing Practice. 7th edition Wolters Kluwer Health/Lippincott Williams & Wilkins.

\*Pruitt, I. (2007). Family Treatment Approaches for Depression in Adolescent Males. American Journal of Family Therapy, Vol 35, Iss 1, pp 69-81

Romaniuk, D. O' Mara, L.& Akhtar-Danesh, N (2014). Are Parents Doing What They want Do? Congruency Between Parents' Actual and Desired Participation in the Care of Their Hospitalized Child. Informa healthcare, Vol 37 Iss 37 Iss 2, pp 103-121

\*Sanjar, M. Shirazi, F. Heidari, S, Salemi, S. Rahmani, M. Shoghi, M. (2009) Nursing Support for Parents of Hospitalized Children. Informa Health Care. Vol 32, Iss 3, pp 120- 130

Shaheen, F. (2016). A Study of Spirituality and Social Support in Relation to Depression among Adolescents. Indian Journal of Positive Psychology, Vol 7, Iss 2 pp 181-186

Shields, L (2007) Family- Centered Care in the Perioperative Area: An International Perspective, AORN Journal. Vol 85, Iss 5, pp 893-902

Sijtsema, J, Oldehinkel, A. Veenstra, R. Verhulst, R, Ormel, J (2014) Effects of structural and dynamic family characteristics on the development of depressive and aggressive problems during adolescence. Eur Child Adolesc Psychiatry. Vol 23, Iss 6, pp 499–513

Stikkelbroek, Y. Bodden, D. Kleinjan, Reijnders, M. Van Baar, A (2016). Adolescent Depression and Negative Life Events, the Mediating Role of Cognitive Emotion Regulation, Vol 1, Iss 8 pp 1-16

Stapinski, L. Montgomery, A. Heron, J. Jerrim, J. Vignoles, A. Araya, R. (2013). Depression Symptom Trajectories and Associated Risk Factors among Adolescent in Chile. Vol 8. Iss 10

Tartakovsky, T. 2008. Cultural Identities of Adolescent Immigrants: A Three-Year Longitudinal Study Including the Pre-Migration Period. J young Adolescent. Vol 38, Iss 5, pp 654-671

\*Tedford. J.& Price. J (2011). Role of The Nurse in Family – Centered Care. Vol 10, Iss 2, pp 14-18

Traylor, A. Williams, J. Jennifer L. Kenny & Hopson, L. (2016). Relationship Between Adolescent Well-Being and Friend Support and Behaviour. Vol 38, Iss 3, pp 179-186

Vera, E. Vacek, K8. Blackmon, S. Coyle, L. Gomez, K. Jorgenson, K. Luginbuhl, P. Moallem, I. & Steele, J (2012). Subjective Wellbeing in Urban, Ethnically Diverse Adolescents. The Role of Stress and Coping. Vol 44, Iss 3, pp 331-347

Yap. S & Baharudin. R (2015). The Relationship Between Adolescents' Perceived Parental Involvement, Self-Efficacy Belief, and Subjective Wellbeing: A multiple Mediator Model. Vol .126, Iss 1, pp 257-278

Table 1. Showing the limitation and the search term used for the thesis

Database & Limitations	search Terms	Hits	Retrieved Articles	Relevant Articles
CINAHL 2007-2014 English - Language	Adolescent And depression	1571	25	3
	Adolescent subjective wellbeing and family life	465	20	2
	Management of adolescent with depression	520	22	4
	Importance of Family centered nursing care in adolescent depression	410	45	3
HEIKA 2007-2017 English Language	Family centered nursing care and management of adolescent depression	1344	14	3
	Importance of Family centered	1232	10	1

	care in adolescent depression			
Manual search	adolescent and depression	1	1	1
Total				17

Table 2. Articles used in the findings of the literature review

Authors, Year & Journal	Title	Aim	Sample	Findings
Abdel- Khalek, A. (2012) Journal of Mental Health	Subjective wellbeing and religiosity: a crosssectional study with adolescents, young and middle-age adults	explore the relationship between religiosity and subjective well- being	1420 kuwaiti muslim adolesc ents	Religiosity is an important element in the lives of the majority of the present kuwait sample during the three age stages. Also, those who consider themselves religious were enjoying subjective well-being



Abdel-Khalek, A. Eid, G. (2011)	Religiosity and its association with subjective well-being and depression among Kuwaiti and Palestinian Muslim children and adolescents	investigate the association of religiosity and the self-ratings of happiness, satisfaction with life, mental health, physical health, & depression among Kuwaiti and Palestinian Muslim children and adolescents	1937 Kuwaiti and 1009 muslim adolescent children =2946	It is shown that Kuwaiti males had significantly higher mental health and were less depressed than all other groups
Al-Momani, M.M. (2011)	Mothers' Satisfaction Towards Pediatric Nursing Care	To assess mothers' satisfaction level with pediatric health care at pediatric unit (PU) at a Pediatric & Maternity Hospital	292 mothers	Mother had a reasonable understanding of their needs & the element necessary to practice family-centered care

Angley, M. Divney, A. Magriples, U. (2014) Matern Child Health J	Socail Support, Family Functioning and Parenting Competence in Adolescent Parents	To identify the association between social support, family functioning and social capital on parenting competence	231 couples	Social support and family functioning during pregnancy are associated with improved parenting experience for young mothers and father
Avery, A. Pallister, C.Allan,J.St ubbs ,J &Lavin,J 2012. Journal of Human nutrition and Diatetics	An initial evaluation of a family-based approach to weight management in adolescents attending a community weight management group	To evaluate a family-based programme aimed at empowering adolescents to adopt healthier lifestyles		Family based approach successfully supports young members to manage their weight
Haddad, M. & Tylee, A. (2013) Journal of	The Development and First Use of the QUEST			Readability for the knowledge test and

School Health.	Measures to Evaluate School Nurses' Knowledge and Skills for Depression Recognition and Management			vignettes was satisfactory
Hsieh, A & Bean, R. (2014). The American Journal of Family Therapy	Understanding Familial/Cultural Factors in Adolescent Depression	The key aspects of treating Chinese American families where a child is struggling with adolescent depression		
Häggman-Laitila, A. Tanninen, H & Pietilä, A. (2010). Journal of clinical nursing	Effectiveness of Resource Enhancing Family-Oriented Intervention.	To assess the effectiveness of a resource enhancing family-oriented intervention	129 family members from 30 families	Resource enhancing family nursing can be used to support parenthood, raising and caring for children, strengthening of social support

				networks, enhancing parent's resources in own work
Jamieson, J. Zaidman-Zait, A. & Poon, B. (2011). Deafness and educational international	Family support needs as perceived by parents of preadolescents and adolescents who are deaf or hard of hearing.	To provide new knowledge about the specific needs of parents of adolescents and preadolescents who have a wide range of hearing losses	10-18 old children	Parents needs for various types of information of also child's development. Need for a family centered approach to service provision, concerns about education and future opportunities for the children and parenting of deaf children.

Kocayörük, E. Altintas, M. Icbay. M (2014) J Child Fam Stud	The Perceived Parental Support, Autonomous-Self and Wellbeing of Adolescent		A total of 470 high school students aged 14-18	When parenting climate provides a setting that enables the adolescents to develop autonomous-self, it contributes to healthy development and well-being of adolescent
Kuo, D. Frick, K. & Minkovitz, C. (2011). Matern Child Health J	Association of Family-Centered Care with Improved Anticipatory Guidance Delivery and Reduced Unmet Needs in Child Health Care		family members of children 0–17 years	Family-centered care is associated with greater receipt of anticipatory guidance and reduced unmet needs.

Kuo, D. Houtrow, A. Arango, P. Kuhthau, K. Simmons, J.&Neff, J. (2011). Matern Child Health J	Family- Centered Care: Current Application and Future Directions in Piediatric Care	Enumerate the core principles of FCC in pediatric health care.		
Lepistö, S. Joronen, K. Ästedt- Kurki, P. Luukkaala T.& Paavilainen, Eija. (2012). Journal of Family Nursing	Subjective Well-Being in Finnish Adolescent Experiencing Family Violence	To describe the relationship between adolescent's subjective well-being and experiences of family violence.	14-17 years-old adolescents living in one finnish municipality (N=1393)	Experiences of family violence were common.
Okunola, I. Olaogun. A. Adereti, S. Bankole, A, Oyibocha, E, Ajao, O. (2017) International Journal of	Peadiatric Parents and Nurse Perception of Family – Centered Nursing Care in Southwest Nigeria.	To examined paediatric parents (PP) and nurses' perceptions of Family – Centered Nursing care		Family centered nurse-caring behaviours mostly perceived as caring by the paediatric patients

Caring Sciences.		behaviors to be most and least important		
Pruitt, I. (2007). Journal of Family Therapy	Family Treatment Approaches for Depression in Adolescent males			
Sanjar, M. Shirazi, F. Heidari, S, Salemi, S. Rahmani, M. Shoghi, M. (2009)	Nursing Support for Parents of Hospitalized Children	To describe the quality of nurse-parent support in Iranian parents of hospitalized children in pediatric sites	230 parents (183 mothers and 47 fathers) with hospitalized children	parents received a high level of support from nurses

Tedford. J.& Price. J (2011). Cancer	Role of the Nurse in Family - Centered Care	To explores the psychosocial sressors experienced		
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Nursing Practices		by families affected by childhood cancer. Also, to explore the important role of the children's nurse in a multi-disciplinary approach to care		
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## ADOLESCENT DEPRESSION: FAMILY CENTERED NURSING CARE APPROACH

### A LITERATURE REVIEW

Kingsley Irukwu

The purpose was to review the implementation of family centered nursing care in resolving problems about the health of adolescent with depression. The aim of the thesis is to understand family centered nursing care approach in supporting adolescents with depression. The study question is:

What are the family centered nursing care approach in supporting adolescents with depression?

The findings that answer the questions were divided into six categories:

(a)Information Sharing (b) Partnership and collaboration (c) Honoring differences and respect (d) Support and facilitating (e) Empowerment, and (f) care in family context.